



**Connecticut State Medical Society
Connecticut Chapter of the American College of Physicians
Connecticut Chapter of the American College of Surgeons**

**Testimony on Senate Bill 388 An Act Concerning the Health Information Exchange in
Connecticut**

**Public Health Committee
March 16, 2012**

Senator Gerratana, Representative Ritter and members of the Public Health Committee, on behalf of the more than 8,500 members of the Connecticut State Medical Society (CSMS) and the Connecticut Chapters of the American College of Physicians and the American College of Surgeons, thank you for opportunity to provide this testimony in opposition to **Senate Bill 368 An Act Concerning The Health Information Exchange in Connecticut**. This bill represents an unnecessary and destructive intrusion into the decision making of a supposedly independent, quasi-public board, created by this body

Creating the Health Information Exchange was an endeavor that had the complete support of CSMS and most physicians in Connecticut. However, we have significant concerns with what this bill will do to undercut the work of the Committee presently responsible for the establishment of the standards for the Health Information Exchange. First, we believe it will not achieve the goal it seeks: protected, useful health data for Connecticut's patients. It works on the erroneous assumption that opting in (requiring an active choice by the patient to agree to share each piece of data (lab, x-ray, note, etc.) is more secured and protective than allowing the patient to opt-out (giving the option to refuse to share a piece of data). This is untrue for several reasons. Data security depends on far more than whether the data is shared. Accurate and traceable verification of all participants and recipients of data is far more important than the method of choice about sharing the data. The security of the data storage is also a much bigger factor and must be considered. The data will still exist in an accessible format for those interested in nefarious activity whether it is in the data bank or not. Therefore, the method of opting in or out will have no impact on the level of security presumed within the warehouse structure designed to store the data. Ensuring accurate, complete, and non-redundant data is a much greater issue for the patient's security as well.

It is our understanding that the HITE CT considered the "opting" issue long and hard before coming to the conclusion that an opt-out policy best serves all parties involved, especially the patient who has the anticipation that the data will be stored and maintained for the intended purpose of improving medical care. Opt-in and opt-out methods provide a patient the choice to participate in an informed way. Studies clearly suggest that an opt-in policy reduces participation compared to an opt-out policy, particularly among indifferent patients. Completeness of the data set is important, as holes in the data threaten patients and limit the utility of participating in the data exchange and the benefits of relying on the data to make

important health care decisions. Incomplete data threatens patients because critical decisions could be made without accurate information, and patients could be subjected to unnecessary or redundant tests and procedures. Incomplete data will skew any public health conclusions based on aggregated reports from the system. Providers and insurers will have to resort to other sources of data to ensure completeness, limiting participation in, and utility of, this state and federally funded project, wasting the money put into the system already.

The legislature created the HITE Board to provide representation for all interested and involved parties, including patient advocates. We understand that throughout the process patient advocates were actively involved, as were providers and those who would work to maintain the integrity of the data collected, stored and used for medical care decisions. The decision of a large majority of the board, after careful and thoughtful reasoning, was to go with the opt-out policy. Many other states have adopted this concept, and many private HITEs have, as well. The board is under significant time pressure to complete the tasks given by the General Assembly. Significant focus has turned away from this issue to more important aspects of security and data integrity.

Every decision of the Committee should not be subject to recall and review by the legislature. We currently have oversight and review that reaches as high as the Office of the Lieutenant Governor. Please oppose Senate Bill 368 so that the valuable and timely work of the Committee can continue and so Connecticut has a Health Information Exchange that is safe, secure and used for its intended purpose- to improve the medical care of the patients of Connecticut.